Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6000681 04/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7588 STAUNTON ROAD HERITAGE HEALTH-GILLESPIE** GILLESPIE, IL 62033 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Health Survey Statement of Licensure Violations \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. **Attachment A Statement of Licensure Violations** Section 300.1210 General Requirements for Nursing and Personal Care

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/02/19

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walker.

is not steady but able to stabilize without staff assistance when moving from seated to standing. R23 is not steady and only able to stabilize with staff assistance for locomotion with the use of a

R23's MDS, dated 2/5/2019, documents R23 has a Brief Interview of Mental Status (BIMS) of 10

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING_ IL6000681 04/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7588 STAUNTON ROAD** HERITAGE HEALTH-GILLESPIE GILLESPIE, IL 62033 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 indicating R23 is moderately cognitively impaired. This MDS also documents R23 requires limited assistance of 2 staff members for bed mobility. limited assistance of 1 staff member for transfer and locomotion on the unit. This MDS documents R23 is not steady but able to stabilize without staff assistance when moving from seated to standing, R23 is not steady and only able to stabilize with staff assistance for locomotion with the use of a walker. R23's Care Plan, dated 11/08/2018, documents, in part, "Focus: I am at risk for falls r/t (related to) Gait/balance problems, hx (history) of falls, and hx of syncope. I need limited assist for transferring and toileting, walking with walker. locomotion in w/c. I am able to walk with one assist and walker in room and corridor. Intervention: Ensure that I am wearing appropriate footwear when ambulating or mobilizing in w/c (wheelchair). Date initiated: 08/09/2018, Educate me on safety reminders and what to do if a fall occurs Date initiated: 08/09/2018, Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to all requests for assistance. Date initiated: 08/09/2018. Anticipate and meet my needs Date initiated: 08/09/2018. Ensure I am wearing well fitting shoes prior to getting up Date initiated: 1/26/2019. staff retraining on fall interventions date initiated 2/1/2019. Pressure pad to bed and chair date initiated 3/3/2019." R23's Fall Risk Assessment, dated 2/5/2019. documents R23's Morse Fall Risk Score of 80 indicating R23 is a High Fall Risk. There are no other Fall Risk assessments available for review.

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R23's Occurrence Report, dated 12/22/2018 at

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dated 1/26/19.

up.

resident to wear well fitted shoes before getting

R23's Care Plan was not updated with the recommendation made from Occurrence Report

R23's Occurrence Report, dated 2/1/2019 at 10:20 PM, documents, R23 fell while ambulating in his room. The Report documented he was

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| | wearing normal socks. The Report documented he was found on the floor in the sitting position with his feet in front of him and sustained no injuries. The Report documented R23 stated he slipped while getting out of bed. The Report documented "Conclusion: Resident is alert and orientated x 2, he requires limited assist with transfers and ambulation, he is frequently non-complaint with safety, transferring and ambulating without calling for assistance. Current fall intervention is for him to wear slipper socks while in bed. Staff retraining assistance. Current fall intervention is for him to wear slipper socks while in bed. Staff retraining will be given to follow current plan of care. Root cause: Staff did not follow plan. Recommendation: Staff retraining on following fall interventions." | | | |
| | R23's Occurrence Report, dated 2/4/2019 at 3:40 PM, documents, R23 fell while in his resident Bathroom. The Report documented he sustained no injuries and was alert and oriented times 2. The Report documented "Resident self transferred to the bathroom without calling for assistance, well fitted shoes on. resident being monitored for cold s/s (signs and symptoms) with increased weakness." The Conclusion of the Report documented "Resident is alert and orientated x 2, he requires limited assist with transfer and ambulation with wheeled walker. He is non-complaint with safety, transferring and walking without calling for assistance. He is noted to have cold symptoms, SOB (shortness of breath), clear nasal drainage. Root cause: Other, possible underlying medical condition Recommendation: Chest X-ray and labs to rule out underlying medical condition." The Report did not document how staff were to provide increased supervision or any other interventions to prevent | | | |

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

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skin tear to his right ear measuring 6.2 cm by 6.1

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | | | |
| S9999 | Continued From page 7 cm and an abrasion to his mid left back measuring 3.1 cm by 3.1 cm. The Report documented "Resident noted supine on floor with head against dresser, walker in front of him, call light off, alarm sounding, gripper socks on, res (resident) stated he was attempting to go to the bathroom on his own. Assessed by nurse, pain noted with ROM (range of motion), MD (medical doctor) updated and gave orders for X-ray, abrasion. Resident Statement of what happened: 'I'm going PEE'. Conclusion: Resident is alert with confusion. He is non-complaint with safety. He requires limited assist with transferring and ambulation with use of wheeled walker. Root cause: Other, Resident non-complaint with safety." There were no documented recommendations on this Report. | S9999 | | | | | |
| | R23's Right Ribs X-ray, dated 4/8/2019, documents, in part, "Impressions: Anterior Lateral right eight, ninth and 10th rib fractures." On 4/11/2019 at 11:50 AM, V1, Administrator, stated, "Yes, it seems like his real root cause of falls is related to footwear and trying to get up and go to the bathroom." On 4/11/2019 at 12:11 PM, V2, Director of Nurse | | | | | | |
| | (DON), stated, "Fall risk assessments should be completed upon admission and annually." V2 also stated, "The cause of his falls is footwear and trying to go to the bathroom." The facility policy and procedure Fall Assessment, Risk Identification and Management Policy, dated 3/20/2012, documents, in part, "It is the policy of the facility to assess each resident's fall risk upon admission. Procedure: I. Initial Assessment and Planning A. Upon admission/readmission, a Fall Assessment will be completed | | | | | | |

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R44's Fall Assessment dated 5/23/17 documents

R44's EHR Health Status Note documents. 2/26/19 11:01: Called to resident room and was updated by V2, Director of Nursing and V5,

R44 is a high risk for falling

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during toilet."

On 04/11/19 at 09:22 AM V2, DON stated R44 had to go to bathroom and had a bowel movement in pants. V2 states V5 went to grab washcloths from R44's room and left R44 in the bathroom alone. V2 stated V5 had the door open and could visualize R44. V2 stated R44 needs assistance for toileting of 1 or may use sit to

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lotion. V25 stated she was the only one assisting

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